

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>DeLand Housing Authority</u> PHA Code: <u>FL072</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2012</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>90</u> units: <u>749</u>					Number of HCV
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan Only <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) – <i>N/A</i>					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH HCV	
	PHA 1:					
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. – <i>N/A – Annual Plan</i>					
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: – <i>N/A – Annual Plan</i>					
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. – <i>N/A – Annual Plan</i>					

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures:

Changes made to Section 8 Admin Plan to include changes in Fair Housing policies

- **Financial Resources:** *No revisions since DHA's prior plan submission.*
- **Rent Determination:** *No revisions since DHA's prior plan submission.*
- **Operation and Management:** *No revisions since DHA's prior plan submission.*
- **Grievance Procedures:** *No revisions since DHA's prior plan submission.*
- **Designated Housing for Elderly and Disabled Families:** *No revisions since DHA's prior plan submission.*
- **Community Service and Self Sufficiency:** *No revisions since DHA's prior plan submission.*
- **Safety and Crime Protection:** *No revisions since DHA's prior plan submission.*

(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

- ***Main administrative office of the PHA***

7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>(a) <u>Hope VI</u> – N/A</p> <p><u>Mixed Finance:</u> <i>Last year we were successful with our application to construct 120 Family Units for Tax Credits (Laurel Villas). These block building, with hurricane rated windows were constructed with Tax Credit money, Local SHIP money, American Recovery and Reinvestment Act Capital Funds (ARRA) money as well as the DHA Replacement Housing Factor monies. They are built and 100% Occupied.</i></p> <p><i>Funding in 2012, if available, will be used for a mini-high rise (Laurel Court) for 80 units of senior housing which will have replaced all of the 200 demolished units. The application has been submitted to the state with the City Contribution, and DHA Replacement Housing Factor monies being pledged.</i></p> <p><i>We are again building block buildings, no stick construction given our location, and hurricane rated windows. This is more expensive, but we have a better chance during the hurricane season and will receive better insurance rates.</i></p> <p><u>Demolition and Relocation:</u> <i>Completed.</i></p> <p><u>Conversion of Public Housing:</u> <i>N/A</i></p> <p><u>Homeownership Programs:</u> <i>N/A</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. – <i>See Attachments A through F.</i></p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. – <i>See Attachment G.</i></p>
8.3	<p>Capital Fund Financing Program (CFFP). – N/A</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. – <i>Not due at this time (High Performer - will be provided with the Annual Plan submitted with next 5-Year Plan as required.</i></p>

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. – Not due at this time (High Performer - will be provided with the Annual Plan submitted with next 5-Year Plan as required).</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested. - Not due at this time (High Performer - will be provided with the Annual Plan submitted with next 5-Year Plan as required).</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5 - Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Demolition has been completed, Phase I has been rebuilt (120 Units; 90 PH, 30 Prj.base), and Phase II is pending financing</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) – Sent separately.</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) – Sent separately.</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) – Sent separately.</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) – Sent separately.</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) – N/A</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA – None received Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. None Received</p> <p>(g) Challenged Elements – None.</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) Attachment C – FL29RO72501-10 Attachment A – FL29RO72501-08 Attachment D – FL29R072501-11 Attachment B – FL29R072501-09 Attachment E – FL29R072501-12</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) Attachment G (j) DHA VAWA Policy Included in 2009 Annual Agency Plan – Attachment H</p>

Annual Statement of Performance and Evaluation Report
 Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 8/31/2011

Part I: Summary

PHA Name: DELAND HOUSING
 AUTHORITY

Grant Type and Number
 Capital Fund Program Grant No. FL29R072-501-08
 Replacement Housing Factor Grant No.
 Date of CFFP:

FFY of Grant: 2008
 FFY of Grant Approval: 2008

Type of Grant		Performance and Evaluation Report for Period Ending:		Revised Annual Statement (revision no:)		Total Actual Cost ¹	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Expended		
1	Total non-CFF Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)	36,773.00		36,773.00	36,773.00		
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	41,705.38		41,705.38	41,705.38		
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures	289,258.62		289,258.62	289,258.62		
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/31/2011

Part I: Summary		FFY of Grant: 2008	
PHA Name: DELAND HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: FL29R072-501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Summary by Development Account <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Description	Total Estimated Cost	Total Actual Cost¹
		Original	Revised²
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	367,737.00	367,737.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director Linda A. McDonnell Date 4/11/12		Signature of Public Housing Director Date 5/11/2012	

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Federal FY of Grant: 2008

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Pages

Annual Statement of Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 8/31/2011

Part I: Summary

PHA Name: DELAND HOUSING
AUTHORITY

Grant Type and Number
Capital Fund Program Grant No:
Replacement Housing Factor Grant No: FL29R072-501-09
Date of CFFP:

FFY of Grant: 2009
FFY of Grant Approval: 9/15/09

Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost ⁵	Obligated	Total Actual Cost ¹
			Revised ²		Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)		27,397.00	27,397.00	12,283.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		339,158.00	339,158.00	339,158.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	366,555.00			

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OMB No. 2577-0226
Expires 08/31/2011

Part I: Summary		FFY of Grant: 2009	
PHA Name: DELAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL29R072-501-09 Date of CFP:	
<input type="checkbox"/> Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Revised²
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	366,555.00	366,555.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs	27,397.00	27,397.00
24	Amount of line 20 Related to Security - Hard Costs	366,555.00	339,158.00
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director Linda A. McDonnell Date 4/11/12		Signature of Public Housing Director Yvette R. Date 5/11/2012	

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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
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Expires 08/31/2011

Federal FFY of Grant: 2009

Grant Type and Number	Capital Fund Program Grant No:

Replacement Housing Factor Grant No: FL29R072-501-09

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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
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Expires 08/31/2011

PHA Name:

Capital Fund Program Grant No:

Replacement Housing Factor Grant No:

Federal FY of Grant:

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PHA Name: DELAND HOUSING AUTHORITY

Reasons for Revised Target Dates

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Pages

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Expires 08/31/2011

PHA Name:

Federal FY of Grant:

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009	
PHA Name: DELAND HOUSING		FFY of Grant Approval: 2009	
AUTHORITY		Grant Type and Number Capital Fund Program Grant No: FL29S072501-09 (ARRA) Replacement Housing Factor Grant No: Date of CFFP:	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 01) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost
1	Total non-CFF Funds		
2	1406 Operations (may not exceed 20% of line 21) ¹		.00
3	1408 Management Improvements	46,548.00	46,548.00
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	62,340.00	62,340.00
8	1440 Site Acquisition		
9	1450 Site Improvement	356,594.00	356,594.00
10	1460 Dwelling Structures		
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴	418,934.00	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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 Expires 4/30/2011

Part I: Summary

PHA Name: DELAND HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: (ARRA) Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Type of Grant
☐ Original Annual Statement
☒ Performance and Evaluation Report for Period Ending: 12/31/2010
☐ Reserve for Disaster/Emergencies
☒ Revised Annual Statement (revision no: 01)
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)	465,482.00	465,482.00		465,482.00	465,482.00	
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs	40,000.00	46,548.00		46,548.00	46,548.00	
25	Amount of line 20 Related to Energy Conservation Measures	425,482.00	418,934.00		418,934.00	418,934.00	
Signature of Executive Director <i>[Signature]</i>		Date 03/01/2011		Signature of Public Housing Director <i>[Signature]</i>		Date 4-22-11	

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¹ Obligation and expenditure and dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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Part I: Summary		Grant Type and Number		FFY of Grant: 2010	
PHA Name: DELAND HOUSING AUTHORITY		Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL29R072-501-10 Date of CFFP:		FFY of Grant Approval: 2010	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	363,120.00			

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Part I: Summary		FFY of Grant: 2010	
PHA Name: DELAND HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL29R072-501-10 Date of CFFP:	FFY of Grant Approval: 2010	
<input type="checkbox"/> Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Revised²
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	363,120.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director Linda A. McDonnell Date 6/25/12		Signature of Public Housing Director Date	

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Federal FY of Grant:[illegible]

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Part I: Summary

PHA Name: DELAND HOUSING
 AUTHORITY

Grant Type and Number
 Capital Fund Program Grant No:
 Replacement Housing Factor Grant No: FL29R072-501-11
 Date of CFFP:


FFY of Grant: 2011
 FFY of Grant Approval: 2011

Type of Grant		Type of Grant		Type of Grant		Type of Grant	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonependable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴	284,537.00					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/31/2011

Part I: Summary		PHA Name: DELAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL29R072-501-11 Date of CFP:		FFY of Grant: 2011 FFY of Grant Approval: 2011	
<input type="checkbox"/> Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report							
Line	Summary	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)	284,537.00	284,537.00				
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Deputy Director, Millie Pines 		Date 5/11/12		Signature of Public Housing Director 			

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⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 8/31/2011

Part I: Summary		PHA Name: DELAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: FL29R07250112 Replacement Housing Factor Grant No: Date of CEFP: 3-12-12		FY of Grant 2012 FY of Grant Approval: 2012	
<input checked="" type="checkbox"/> Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Revised²	Obligated	Total Actual Cost¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴	258,466.00					

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⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/31/2011

Part I: Summary				FY of Grant: 2012	
PHA Name: DELAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: FL29R07250112 Replacement Housing Factor Grant No: Date of CFP: 3-12-12		FY of Grant Approval: 2012	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹
18a	1501 Collateralization or Debt Service paid by the PHA				Expended
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	258,466.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Milagros Quinones, Deputy Director		Signature of Public Housing Director			
Date 4/17/12 - <i>Milagros Quinones</i>		Date			

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